

Purchasing Card Application Form



Website: www.stcloudstate.edu/businessservices/purchasing/purchasecard

Please complete all sections and submit to:
Business Services, Purchasing Card Administrator, Attn: Doris Frieler – AS 123

Cardholder Information:

Cardholder Name: _____
Last First Middle Initial

Position & Title: _____

SCSU Tech ID: _____ Telephone (ext): _____

Office Address: _____ Home Phone Number: _____
Building Code & Room #

Email Address: _____

Department and Cost Center Information:

Department Name: _____

Requested per transaction limit: _____ (\$1 to \$15,000) no pyramiding allowed--read policies when card is received)

Requested Monthly Limit: _____ (need to remain within your department budget)

List of Cost Center Numbers to be utilized:

_____	_____
<small>Cost Center Number</small>	<small>Cost Center Title</small>
_____	_____
<small>Cost Center Number</small>	<small>Cost Center Title</small>
_____	_____
<small>Cost Center Number</small>	<small>Cost Center Title</small>

Types of purchases to be made:
Check all that apply:

- Office supplies/tools/parts/minor repairs
- Equipment less than \$9999
- Advertising/ Memberships/ Subscriptions
- Other (approved Special Expense & Lisa Spark's email approval)

Grant Approval:

Approved by: _____ Date: _____
Nicolette De Ieso

General Card Information:

Approver/Supervisor of Cardholder: _____ <small>Last First Middle Initial SCSU TECH ID #</small>
Email Address: _____ Phone: _____

As the cardholder I understand I am required to adhere to all St. Cloud State University purchasing policies and procedures. Minnesota State Colleges and Universities System Policies & Procedures are specifically mandated but not limited to Minnesota Statutes 571.345, 16A & 43A applicable to the use of the card. The Supervisor of the cost center signature is approving the purchasing card issuance and agrees to fulfill the requirements as specified in the Purchase Card Policy & Procedures.

Cardholder Signature: _____ Date: _____

Approver/Supervisor Signature: _____ Date: _____

Other Information: (to be completed by Purchasing card administrator- Business Services)

Date of training: _____ Delegation of Authority approved: _____

Date card ordered: _____ Date Card receive: _____

Date card disbursed: _____ Card # _____

Signature of Card Administrator _____ Date: _____ Exp date: _____